PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 09/14/13/20												ber
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	ידויץ בווזיץ	OR	OTHER SMALL	
то	TAL CLAIMS			-				RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			20 minus 26= *a		20 = =			X\$ 9=		OR	X\$18=	·
INDEPENDENT CLAIMS			4 minus 8 = "4"		4:	7		X42=		OR	X84=	. 1
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	240
CLAIMS AS AMENDED - PART II. (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	NG		EST BER OUSLY FOR	PRESENT EXTRA	.:	RATE	ADDI- TIONAL: FEE	à	RATE	ADDI- TIONAL FEE
Į Į	Total	. 19	Minus	"	0	4		X\$.9=		ОR	X\$18-	
AMENDMENT	Independent	. 3	Minus		1	=		X42≃	لينو و . ١٠٠٠	ØĤ	X84=	·
	FIRST PRESE	NTATION OF MI	JETIPLE DEP	ENDEN	CLAIM	<u> </u>	Ч	+140=		OR	+280=	
•		•		•			i	TOTAL ADDIT, FEE		OB	TOTAL	
	(Column 1) (Column 2) (Column 3)									10	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	•	Minus	1		-	$\rfloor \cdot $	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	. 444		-	11	X42=		ÓВ	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		ا	+140=		OR	+280=	
	•						ı	TOTAL ADDIT, FEE		ОЯ	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										• • •	ADDIT. FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š.	Total	•	Minus	**		=		X\$ 9=	-	ÓR	X\$18=	
AMENDMENT	Independent	•	Minus	. 444]	X42=		OR	X84=	<u> </u>
∠	FIRST PRESE	NTATION OF M	ULȚIPLE DEF	PENDEN	T CLAIM]		.,		1000-	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										OR	+280=	
*1	of the entry in cournin's a less than the entry which is the strength of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR											

FORM PTO-678 (Rev. 6/01)